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Form Approved - OMB No. 0560-0155

FSA-1980-44
(02-17-99)U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

GUARANTEED FARM LOAN DEFAULT STATUS REPORT

LENDERS: COMPLETE ALL ITEMS. (SEE REVERSE FOR INSTRUCTIONS)

1. BORROWER ID NUMBER	2. BORROWER NAME
3. LENDER IDENTIFICATION NUMBER	4. LENDER BRANCH NUMBER
5. LENDER NAME	6. LENDER LOAN NUMBER
7. AGENCY LOAN NUMBER	8. DATE LOAN BECAME DELINQUENT
9. UNPAID PRINCIPAL ON LOAN \$	10. UNPAID INTEREST ACCRUED \$
11. TOTAL AMOUNT PAST DUE \$	12. AS OF DATE

13. DELINQUENT CODE: _____ (Enter appropriate code)

01=DELINQUENT-DISPOSITION FORTHCOMING	10=NOT VALID FOR THIS PROGRAM
02=BORROWER WILL PAY DELINQUENT AMOUNT	11=RESCHEDULING OF PAYMENTS COMPLETED
03=NOT VALID FOR THIS PROGRAM	12=DEFERRAL OF PRINCIPAL AND INTEREST PAYMENTS COMPLETED
04=FORCED LIQUIDATION PENDING	13=LOAN REINSTATED AND CURRENT
05=VOLUNTARY LIQUIDATION PENDING	14=BANKRUPTCY LIQUIDATION FILED BY BORROWER
06=FORCED LIQUIDATION PENDING. ESTIMATED LOSS CLAIM FILED	15=BANKRUPTCY REORGANIZATION FILED BY BORROWER
07=VOLUNTARY LIQUIDATION PENDING. ESTIMATED LOSS CLAIM FILED.	16=BANKRUPTCY REORGANIZATION IN EFFECT. LOAN IS CURRENT AS PER BANKRUPTCY PLAN
08=TEMPORARY LOAN BY LENDER TO BRING ACCOUNT CURRENT	17=BANKRUPTCY REORGANIZATION WITH COURT ORDERED INTEREST RATE REDUCTION IN EFFECT. LOAN IS CURRENT AS PER BANKRUPTCY PLAN
09=BORROWER RESTRUCTURING PENDING	

14. INTEREST ASSISTANCE (IA) HAS BEEN CONSIDERED AND:

- ☐ A. Has been ruled out as an option to correct the default.
- ☐ B. An agency determination of IA eligibility is being requested in conjunction with the attached proposal to reschedule the debt.

15. COMMENTS ON MOST RECENT ACTION TAKEN, RESULTS, NEXT PLANNED ACTION AND DATE. ATTACH BANKRUPTCY SCHEDULES, COPIES OF CORRESPONDENCE, OR ADDITIONAL DOCUMENTATION AS NECESSARY.

16A. LENDER'S AUTHORIZED SIGNATURE

16B. TITLE

16C. DATE

NOTE: The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a): the Farm Service Agency (FSA) is authorized by the Consolidated Farm and Rural Development Act, (7 USC 1921 et seq.), or other Acts, and the regulations promulgated thereunder, to solicit the information requested on its application forms. The information requested is necessary for FSA to determine eligibility for credit or other financial assistance, service your guarantee and conduct statistical analyses. Supplied information may be furnished to other Department of Agriculture agencies, the Department of the Treasury, the Department of Justice or other law enforcement agencies, the Department of Defense, the Department of Housing and Urban Development, the Department of Labor, the United States Postal Service, or other Federal, State, or local agencies as required or permitted by law. In addition, information may be referred to interested parties under the Freedom of Information Act (FOIA), to financial consultants, advisors, lending institutions, packagers, agents, and private or commercial credit sources, to collection or servicing contractors, to credit reporting agencies, to private attorneys under contract with FSA or the Department of Justice, to business firms in the trade area that buy chattel or crops or sell them for commission, to Members of Congress or Congressional staff members, or to courts or adjudicative bodies. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Tax Identification Number, may result in a delay in the processing or rejection.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0155. The time required to complete this information collection is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO YOUR LOCAL FSA OFFICE.**

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INSTRUCTIONS FOR PREPARATION

Function of form: To inform FSA of the status of Borrowers in default. The form is required every 60 days for all borrowers in default to keep FSA informed of the current status. A separate report is required for each defaulted guaranteed loan; however, if the Borrower is in default on multiple loans, the items that differ may be completed for the additional reports and attached to the completed form.

Procedure for Preparation: FSA Handbook 2-FLP.

Prepared by: Lender.

Distribution of Copies: Original to FSA Servicing Office. Copy retained by Lender.

- Item 1. Enter the borrower's Social Security or Internal Revenue Service Tax Identification Number.
- Item 2. Enter the borrower's Name - Abbreviate when necessary.
- Item 3. Enter the lender's Internal Revenue Service Tax Identification Number.
- Item 4. Enter the FSA assigned lender branch number.
- Item 5. Enter the lender's Name - Abbreviate when necessary.
- Item 6. Enter the lender's assigned loan number.
- Item 7. Enter the FSA assigned Loan Number.
- Item 8. Enter the date the loan became delinquent.
- Item 9. Enter the current unpaid principal balance on the loan as of the date shown in Item 12.
- Item 10. Enter the accrued interest on the loan as of the date shown in Item 12.
- Item 11. Enter the total amount past due on the loan as of the date shown in Item 12.
- Item 12. Enter the current reporting date of this default status report.
- Item 13. Enter the applicable code that reflects the current status of the Borrower's loan account. If code 1-2, 4-7, 9, or 14-15 is entered, bimonthly default status reports must be prepared. If 8, 11-13, or 16-17 is entered, no further default status reports are required unless the Borrower returns to default status at a future date.
- Item 14. Check appropriate block.
- Item 15. Complete this section to explain action to correct default and provide status updates.
- Item 16A-16C. Self-explanatory.